

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 582251

FILING DATE

APPLICANT(S)

Art. 34

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		5				
7		①				
8		①				
9		①				
10		①				
11		①				
12		①				
13		①				
14		①				
15		①				
16			1			
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
24				1		
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49						
50						
TOTAL IND.	1	↓	2	↓		↓
TOTAL DEP.	18	←	15	←		←
TOTAL CLAIMS	19		17			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						